## 10% PENALTY HANCOCK COUNTY, MISSISSIPPI PERSONAL PROPERTY RENDITION If not returned by April 1 Use this form for reporting: 1. All taxable personal property 2. All changes in personal property. Parcel Number: RETURN TO: JIMMIE LADNER JR Location: HANCOCK COUNTY P 0 BOX 2428 BAY SAINT LOUIS MS 39521 Business Owner Name: If name or mailing address is incorrect, please correct below Name NAME : \_\_\_\_\_ Street ADDR: City State Zip C/S/Z: \_ Section 1 - Miscellaneous Section 2 - Inventory Inventory as of January 1, or 1. DBA and physical address of business: Check one Average of previous 12 months from January 1. 2. Name of owner. (if partnership, only one name is necessary.): 1. Inventory (actual cost) \$ 2. Consigned / Floor Plan 3. Inventory reported on previous year's MS income tax return: 3. Fuel Inventory 4. Industrial Inventory Only: 4. Supporting books and records located at: a. Raw Materials b. Work in Progress 5. Primary business activity: c. Finished Goods 5. Total \$ . Section 3 - Furniture and Equipment

If you have acquired or removed any furniture or equipment during the previous year, please list in the space provided below.

	Description of item	Year Purchased	Purchased New/Used (/		Year of ufacture	Cost Installed
Additio	ons: (if additional space is needed, pl	lease attach add	itional sheets, a	s necessar	ry:)	
1 .						
2.						
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Deletic	ons: (if additional space is needed, pl	lease attach add	itional sheets, a	s necessai	ry:)	
	Description of item	Year Purchased	Year Manufactured	Cost New	Name & Purchas	Address of
1				\$		
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Description of item	Name and address of Owner	Selling Pri		r Monthly Specify)	Year of Manufacture	Year Installed
3000, ap 0300, or = 20m						
Do you have any leasehold impro	vements at you business premises wh	ich have been arranged	l between you and	other part	y(ies) either th	nis year
	NO If the answer is yes, pleas					
limited to, shelving, bins, co plumbing facilities.	unters, movable partitions, supplem	ental heating or air c	onditioning, dra	eries, or	extraordinary li	ighting, electric
cription of Improvement:					Year Installed	Cost
						\$
e you rebuilt or re-manufacture	d any equipment? YES NO	If the answer is yes,	please list in	he space p	rovided below	
cription (Make and Model):					ar of Rebuild	Cost
						\$
	Section 4 - (	Leasing & Rental	Companies Or	ıly		
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